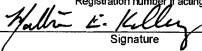


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 37998-237519
Application Number 10/533,160-Conf. #7155	Filed October 12, 2005	
For <b>PREKALLIKREIN DEPLETED PLASMA DERIVED ALBUMIN FRACTION</b>		
Art Unit 1656	Examiner K. C. Carlson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Small Entity Fee \$65
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$245
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$555
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1,110.00
<input type="checkbox"/>	\$1730	\$865
<input type="checkbox"/>	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u> .		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,887</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>                    </u>		
 Signature		<u>6/19/09</u> Date
Matthew E. Kelley Typed or printed name		(202) 344-4000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

#1039937v1